## City of Brookhaven

200 Ashford Center North, Suite 150 Dunwoody, GA 30338 Main (404) 637-0500 Fax (404) 637-0501 www.brookhavenga.gov

## ALCOHOLIC BEVERAGE BY THE DRINK EXCISE TAX RETURN

Note: Incomplete forms will be returned to you to be fully completed.

Business Name: Address:		Account Number: Month/Year Reported:	
Phone:		Email:	
A. Inventory - Liquor Reporting Only - List your inventory purchases from Licensed Wholesales for the month		B. Excise Tax Reporting  1. Gross Liquor Sales by the Drink	
2. Empire Distr.	Liters	3. Less Collection Fee - 3% of Line 2 (Only on Timely Returns)	
3. General Whls.	Liters	4. Credit or Debit	
4. Georgia Crown	Liters	5. Penalty - 10% times Line 2 -	
5. National Distr.	Liters	25% fraud to intent to evade	
6. United Distr.	Liters	6. Interest - 1% per month or portion thereof time Line 2	
7	Liters	7. Total Amount Due	
8. Total Liters Purchased			
9. Total Cost of Liquor Purchased		8. Total Amount Paid	
This return and payment of t		rring the month shown are due by the 20test charges.	h day of the next
I hereby certify that the state complete to the best of my ki		nd on any supporting documents are true, o	correct and
Printed Name of Preparer		Signature of Preparer	Date

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

 $\underline{ \mbox{Please return this form with remittance to:} }$ 

Make Check Payable To:

**City of Brookhaven ATTN: Excise Tax** 

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